ERIK SEVERSON
STATE REPRESENTATIVE • 28TH ASSEMBLY DISTRICT

Testimony on Assembly Bill 453
Assembly Committee on Health

October 22, 2013

I would like to thank the members of the committee for attending this hearing on Assembly Bill 453. I would also like to thank Sen. Vukmir for her leadership on this important issue.

Based on the recommendations of the Speaker's Task Force on Mental Health, we have introduced the Mental Health Care Coordination bill which removes barriers to care in Wisconsin law regarding coordination of care for people with a mental health diagnoses. By aligning Wisconsin's health privacy laws with federal HIPAA privacy law, we can improve the quality of care for individuals accessing mental health services.

Wisconsin's current privacy laws limit the ability of mental health professionals and primary care physicians to work together in order to provide the best quality of care for patients. Additionally, the treatment under current law of mental health records stigmatizes patients as those records are not accessible to primary care physicians.

The Mental Health Care Coordination Bill updates Wisconsin law to be consistent with an integrated care delivery system, while still maintaining the vital privacy protections afforded to all patients through the federal HIPAA law. Additionally, this legislation requires the Department of Health Services to make available a comprehensive document outlining patients' health privacy rights. This document is required to be available both at applicable health care facilities and online.

Thank you again Committee Members for taking the time to attend this public hearing and I look forward to working with you on passage of this legislation.

Capitol Office: Post Office Box 8953 • Madison, WI 53708-8953 • (608) 267-2365 • Toll-Free: (888) 529-0028 • Fax: (608) 282-3628
Rep.Severson@legis.wi.gov

LEAH VUKMIR
STATE SENATOR

October 22nd, 2013

Mr. Chairman, Committee members, I am proud to join Representatives Severson and Pasch today and I would like to express my sincere gratitude to you for giving Assembly Bill 453 this Public Hearing. As you are all aware this Bill is largely a result of the recommendations from the Speaker's Task Force on Mental Health, I applaud their efforts. AB 453 is an extremely important piece of legislation that seeks to bring true parity to Wisconsin's mental health care delivery system. As a result, records for both physical and mental health conditions will now be treated the same; aligning Wisconsin's mental health records statutes with what is presently allowed under HIPAA. I would also like to stress that this legislation maintains the HIPAA prohibitions regarding the sharing of psychotherapy notes without the consent of the patient.

Specifically, Assembly Bill 453 will remove barriers that currently exist in Wisconsin law concerning the coordination of care for persons with a mental health diagnosis that do not exist for persons without such a diagnosis. There is no arguing the fact that Wisconsin's present laws were enacted decades prior to the HIPAA privacy and security laws. In fact, they place special restrictions on the communications between a patient's treating psychiatrist and other physicians and providers that offer care to that particular patient. Indeed, current Wisconsin law actually makes it more difficult for psychiatrists and other mental health professionals to work in a collaborative effort with other treating physicians for individuals with mental health needs.

I am confident that with the passage of this legislation, patients with a mental health diagnosis will see benefits from optimized care through an enhanced coordination among providers, to lower hospital readmission rates, to a reduction in the overall regulatory burden by aligning Wisconsin statutes with federal law. The updates provided by Assembly Bill 453 will make Wisconsin's mental health statutes more consistent with modern integrated medical approaches for individuals with mental health care needs. Furthermore, I would like to reiterate that this legislation maintains important protections provided by HIPAA, notably, the restrictions regarding the disclosure of psychotherapy communications/notes, and permitting but NOT requiring disclosure of healthcare medication information for clinical purposes.

Assembly Bill 453 has a coalition of broad support and I feel it goes a long way to lessening the stigma often associated with patients with a mental health diagnosis and subsequent treatment. Therefore, I urge swift passage.

Thank you, Mr. Chairman and Committee members for considering AB 453 this afternoon.

STATE CAPITOL
P.O. BOX 7882 • MADISON, WISCONSIN 53707-7882
(608) 266-2512 • FAX: (608) 267-0367

UW Health

TO: **Members of the Assembly Health Committee**
FROM: **Dr. Rick Hafer & Lisa Maroney, UW Health**
DATE: **October 22, 2013**
SUBJECT: **AB 453 Mental Health Care Coordination Bill**

Chairperson Severson and members of the committee, thank you for the opportunity to testify today on an important public policy proposal. As my role as Vice-Chair, Psychiatry Department, I observe the daily disadvantages of the current separation of medical from mental health records. I'm also keenly aware that with the proposed changes the quality of health care delivery will improve. The current system does not "protect" patients, but actually makes them more vulnerable.

Key background information and facts:

- Based on national studies, primary care physicians treat anywhere from 40%-60% of patients with mental health needs
- Patients with chronic medical conditions (e.g., diabetes) with co-morbid untreated depression, will incur medical costs three to four times those patients with successfully treated depression.
- The national trend in Accountable Care Organizations (ACO's), other medical homes, and federally qualified health centers is to address the behavioral health needs within the primary care model. Integration of medical and mental health services is a proven model to improve patient quality of care and reduce medical costs.

General scenarios:

- Hospital inpatient psychiatrists are unable to communicate key treatment information (e.g., prescriptions) to the primary care physicians that may provide the follow-up services.
- Primary care physicians cannot review specialist psychiatric provider notes related to diagnosis and treatment. This is particularly problematic in patients with histories of suicidal ideation, gestures or attempts
- Patients may not remember medications prescribed by their psychiatrist when meeting with their primary care physician leading to potentially severe consequences
- Some subset of patients seek habit forming anti-anxiety medications from both psychiatric specialists and their primary care physicians

Specific scenarios:

- Bi-polar patient treatment by psychiatrist with lithium seeks consultation with dermatologist for skin condition. Medication prescribed by dermatologist (diuretic) could have fatal consequence when given with lithium. (Primary care provider unaware of lithium prescription).

- Primary care physician has long-established relationship with patient who receives mental health care for depression from a psychiatrist. PCP unaware of patient's suicidal thoughts, including past history of hallucinations. PCP feels this information should be available to periodically review patient's well-being. Patient completed suicide after command hallucinations.

- Patient discharged from inpatient psychiatric setting after treatment for suicide attempt and anxiety. Patient represents in Emergency Department with anxiety, but claims not to be suicidal. With no access to previous psychiatric treatment and history, no ability to better "probe" patients risk or safety. Patient discharged from ED and later completes suicide.

- Geriatric patient treated by psychiatrist for depression. Given anti-depressant, followed by thyroid hormone. Depression remits. Two years later evaluated by endocrinologist for hyperthyroidism. Unaware that symptoms caused by prescribed thyroid hormone. Endocrinologist orders scan, cancels after realization that hyperthyroidism caused by medication prescribed by psychiatrist.

SUMMARY:

Coordination of care, patient outcomes, and reduced costs are all improved when mental health information can be shared with primary care and specialty physicians. I would be happy to answer any questions. Thank you.

Independent Living Council
OF WISCONSIN

3810 Milwaukee Street • Madison, WI 53714
Voice: 608-256-9257 • Toll-free: 866-656-4010
TTY use 711 Relay • Fax: 608-256-9301
ilcw.il-wisconsin.net

October 22, 2013

To: Hon. Erik Severson, Chairperson
Members, Assembly Committee on Health

From: Ben Barrett, Chair
Independent Living Council of Wisconsin

Re: Assembly Bills 435, 436, 450, 451, 452, 453, 454, 455, 456, 458, 459, 460

I am writing as the Chairperson of the Independent Living Council of Wisconsin. I would like to provide information for this committee on the various mental health bills set for hearing today.

More than 600,000 Wisconsin residents have a disability according to Census data. Almost 200,000 have a disability due to mental illness. We appreciate the attention your committee is giving to this source of disability. It follows other recent initiatives, most of which are positive.

Legislative Council Bills

Our Executive Director was honored to be a member of the Legislative Council Special Committee on Review of Emergency Detention and Admission of Minors Under Chapter 51. We recognize that AB 435 and AB 436 came from this process. It is important to note that this process included a strong cross-section of stakeholders. As a result, these and other bills from that process reflect a consensus of stakeholders, including people with disabilities.

Other Bills

We recognize that most of the other bills were recommended through the Speaker's Mental Health Task Force. We appreciate the Task Force's efforts to listen to stakeholders across the state. However, we recognize that not all of these bills reflect the same kind of consensus.

Crisis Prevention and Intervention

Most Wisconsin counties have systems in place to prevent mental health crisis and intervene when it occurs. The goal of these programs is to provide treatment and other services in the least restrictive environment. They are important because every involuntary treatment order and every commitment represent a failure that is costly to taxpayers and in the impact to the consumer in crisis.

We applaud the efforts to strengthen these systems through bills such as AB 450, AB 455 and AB 460. We would like to recognize Governor Walker for his mental health initiative from which included the Peer-run Respite concept.

Public Services

One of the major problems in Wisconsin Mental Health System is the inability of counties to consistently offer a full range of services to help people with mental health diagnoses remain engaged or re-engage in their communities. This engagement allows people to recover from their disability in whole or in part.

Governor Walker began to address the need for a fuller constellation of community services in his budget initiative. We applaud you for building on this foundation through bills such as AB 452, AB 454, AB 456, AB 458 and AB 459. We recognize that the type of employment supports available under AB 459 will give people in the public mental health system supports similar to those available to other people with disabilities under long-term care programs.

Self-Determination

One of the most important factors to living well with a disability is a sense of self-determination. People with disabilities need to believe that we have control over our own lives in way similar to other Americans.

Unfortunately, two of the bills you are hearing today undermine this sense of self-determination. While we understand that families and health personnel want empowerment, we recognize their empowerment comes at a cost.

We have both read studies and heard from our peers of the effects of trauma occurring in our families and underlying mental illness. Trauma is reinforced when a person's right to self-determination is undermined. We have heard too many of our peers tell of the trauma in seeking health care and then being denied when health personnel learn of a mental illness diagnosis.

We believe that AB 451 and AB 453 will deter people from treatment. We believe that the bills will undermine the trust people should be able to afford to their family and the people to whom they go for health care. This retraumatization will cause unintended consequences for people with mental illness and the public systems that support them.

The Independent Living Council of Wisconsin is a Council whose members are appointed by Governor Walker pursuant to his Executive Order. The purposes of the Council include developing a state plan for independent living for people of all ages with disabilities of all types in the State of Wisconsin.

Thank you for your consideration of this testimony. If you have questions, please contact Mike Bachhuber, Executive Director, at 608-256-9257 or mikeb@ilcw.org.

WISCONSIN HOSPITAL ASSOCIATION, INC.

October 22, 2013

To: **Members of the Assembly Health Committee**

From: **Matthew Stanford, WHA VP Policy & Regulatory Affairs, Associate General Counsel**
Kyle O'Brien, VP Government Relations

Re: **WHA Supports Assembly Bill 453 - the Bipartisan Mental Health Care Coordination Bill**

The Wisconsin Hospital Association (WHA) is pleased to support the bipartisan Mental Health Care Coordination Bill – Assembly Bill 453, authored by Rep. Severson and Pasch, and Sens. Vukmir, Carpenter, and Shilling.

Because of its importance to improving outcomes for individuals with mental illness, WHA and WHA's own mental health task force have spent the past 2+ years developing and talking to stakeholders about this care coordination bill. We are pleased to see the bipartisan support for this bill and the recommendation for its enactment by the Speaker's Mental Health Task Force.

The treatment, support, and understanding of mental illness has seen positive advances in recent years that have benefited many individuals with mental illness. In particular, mental health care is moving away from "siloed" models of care where physical and mental health are delivered separately, to "integrated" models of care where mental health and physical health are treated together in inter-disciplinary settings. However, many of Wisconsin's mental health laws developed in the era of "siloed" mental health care are hindering further advancements toward better coordinated, more holistic integrated mental health care.

To improve the health outcomes of individuals with mental health needs, the bipartisan Mental Health Care Coordination Bill updates Wisconsin law to be consistent with modern integrated medicine approaches for individuals with mental health needs. This bill removes statutory restrictions on psychiatrists and other mental health providers from coordinating a patient's care with the patient's other treating providers that has resulted in less coordinated, less integrated, and more costly care for individuals with mental illness. The bill also maintains existing special confidentiality for "psychotherapy notes," as well as patient rights to request restrictions on the disclosure of health information.

Recent research also supports the need for the bipartisan bill and its benefits to patients. **A January 2013 study by Johns Hopkins suggests that the changes provided by the Mental Health Care Coordination Bill will reduce hospital readmissions for psychiatric patients**. The study found that psychiatric patients were between **30-40% less likely to be readmitted** to a hospital when non-psychiatric physicians were not restricted from accessing medical records created by a psychiatric physician.

We ask to you to vote in support of Assembly Bill 453 – the Bipartisan Mental Health Care Coordination Bill. If you have any questions, or would like a copy of WHA's FAQ on this bill, please feel free to contact Kyle O'Brien (kobrien@wha.org) or Matthew Stanford (mstanford@wha.org) at 608-274-1820.

Examples of Sharable Information Between a Patient's Providers:

Current WI Mental Health Law vs. Federal Law

- Wisconsin law generally requires written consent to disclose mental health records, but does permit certain discrete information to be disclosed to treating providers without consent (the items in peach below).
- HIPAA requires consent to disclose psychotherapy notes, but does permit the disclosure of non-psychotherapy notes and certain other specific items that may be in a psychotherapy note (the items in purple below) without consent.
- Also pursuant to HIPAA, a patient at any time may request that their health care provider limit the disclosure of information to another treating provider, and if the patient and health care provider agree to the restriction, the health care provider must adhere to that agreement.
- The table below compares the list of information that may be shared without consent between a treating mental health provider and other providers under Wisconsin law with examples of information that can be shared without consent under Federal HIPAA law. **Bolded** items in the table identify items that are different from the items that may be disclosed without consent under current Wisconsin law.
- In addition, the information in blue lists information that must be in "transitions of care summaries" created by a health care providers' EHR by 2014 pursuant to new Federal Regulations.

Key: Citations for the items listed below	
	Wisconsin Statute: s. 51.30(4)(b)8g. (Act 108)
	HIPAA: 45 CFR 164.501. Items specifically excluded from HIPAA's "psychotherapy note" treatment disclosure restrictions. **While HIPAA requires consent to disclose psychotherapy notes, HIPAA does permit the disclosure of these items without consent**.
	Current Federal Meaningful Use Regulation: Federal Register Vol. 77, No. 171. Items that at a minimum must be included in "transitions of care summaries" created by health care providers' EHR by 2014.

Current Wisconsin Law	**Federal HIPAA Law**
The following information may be disclosed **without consent** under current Wisconsin law.	The following is a list of examples of information that can be disclosed **without consent** under Federal HIPAA law and that are discussed in the context of other state or federal laws. (Note that some are redundant):
The individual's name, address, and date of birth;	The individual's name, address, and date of birth;
The name of the individual's provider of services for mental illness, developmental disability, alcoholism, or drug dependence;	The name of the individual's provider of services for mental illness, developmental disability, alcoholism, or drug dependence;
The date of any of those services provided;	The date of any of those services provided;
The individual's medications	The individual's medications
The individual's allergies,	The individual's allergies,
The individual's diagnosis,	The individual's diagnosis,

The individual's diagnostic test of biological parameters, but not the results of psychological or neuropsychological testing.	The individual's diagnostic of biological parameters, but not the results of psychological or neuropsychological testing.
The individual's symptoms.	The individual's symptoms.
Other relevant demographic information.	Other relevant demographic information.
	Medication prescription and **medication monitoring notes**,
	Counseling session start and stop times,
	The modalities and frequencies of treatment furnished,
	Results of clinical tests
	Any **summary** of an individual's diagnosis:
	Any **summary** of an individual's **functional status**,
	Any **summary** of an individual's **treatment plan**,
	Any **summary** of an individual's symptoms
	Any **summary** of an individual's **prognosis**
	Any **summary** of an individual's **progress to date**.
	Patient name
	Referring or transitioning provider's name and office contact information
	Procedures
	Encounter diagnosis
	Immunizations
	Laboratory test results
	Vital signs
	Smoking status
	Functional status, including activities of daily living, cognitive and disability status
	Demographic information
	Preferred language
	A care plan that defines care management actions for the patient's conditions, problems or issues and that includes the problem, goal, and any instructions that the provider has given to the patient.
	Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider
	Discharge instructions
	Reason for referral
	Problem list, including historical problems and not just diagnoses
	Medication list
	Medication allergy list

RWHC
Your partner. Your source.

TO: Assembly Committee on Health
Representative Severson, Chair

FROM: Jeremy Levin, Director of Advocacy
Rural Wisconsin Health Cooperative

DATE: October 22, 2013

RE: SUPPORT Assembly Bill 453 – Relating to uses and disclosures of protected health information

The Rural Wisconsin Health Cooperative (RWHC), owned and operated by 39 rural community hospitals, thanks you for this opportunity to share our thoughts on Assembly Bill 453 which relates to uses and disclosures of protected health information. RWHC thanks the authors, Representative Severson and Senator Vukmir, for introducing legislation that will increase patient safety further by more robust integration of medical records and services.

The Mental Health Care Coordination Bill updates Wisconsin law to be consistent with Federal HIPAA privacy and security law and allows health care providers to communicate treatment information about a patient with other providers that are also treating the patient. This bill reflects a more modern, integrated medicine approach for individuals with mental health needs by removing statutory restrictions on psychiatrists and other mental health providers from coordinating a patient's care with the patient's other treating providers that currently results in less coordinated, less integrated, and more costly care for individuals with mental illness. However, this bill also maintains existing special confidentiality for "psychotherapy notes" as well as patient rights to request restrictions on the disclosure of health information, thereby reflecting concerns that too much information might be shared.

Thank you again for this opportunity to comment on and express our support for AB 453. We encourage the Committee to act on this bill, so that it might become law and help health care professionals better serve patients in Wisconsin's underserved rural areas. The Mental Health Care Coordination Bill has been a long time coming and we are encouraged by the unanimous support that the idea received from the Speaker's Mental Health Task Force. Wisconsin needs to amend its mental health law to end this disparate treatment of persons with mental health diagnoses and remove statutory restrictions on psychiatrists and other mental health providers from coordinating a patient's care with the patient's other providers.

880 Independence Lane • Sauk City, WI 53583 • (608) 643-2343 • Fax (608) 643-4936 • www.rwhc.com

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health
Rep. Erik Severson, MD, Chair

FROM: Mark Grapentine, JD
Senior Vice President - Government Relations

DATE: October 22, 2013

RE: Support for:
Assembly Bill 452 – Child Psychiatry Consultation Program
Assembly Bill 453 – Coordination of Mental Health Care
Assembly Bill 454 – Primary Care and Psychiatry Shortage Grant Program

On behalf of more than 12,000 members statewide, the Wisconsin Medical Society thanks the committee for this opportunity to share our support for the work accomplished by the Speaker's Task Force on Mental Health and the many recommendations which are now before the State Legislature as separate bills. There are several bipartisan bills which help address the need for better and more coordinated mental health care. The bills before the committee can help start to meet our citizens' health care needs – particularly those with mental health challenges.

The Society supports the Task Force's work and this opportunity to share our specific support for three of the bills before the committee today:

Assembly Bill 452 – Child Psychiatry Consultation Program
Wisconsin children with mental health needs face coverage gaps in this state. Many counties have no child or pediatric psychiatrists within their borders and most other counties have fewer than four of these needed specialists, making it difficult to find a timely referral for a child in need. Assembly Bill 452 will help start to fill this gap and give more children needing mild to moderate mental health needs access to care.

The proposal mimics successful programs around the country and will help front-line providers such as pediatricians and family physicians gain needed information about caring for a patient. This type of program not only gives the physician requesting information immediate help, but can actually help prevent the need for future consultations due to the gradual, long-term learning the consultations foster.

Assembly Bill 453 – Coordination of Mental Health Care
For too long, Wisconsin citizens receiving mental health care have faced a higher burden for care coordination. The Society believes Assembly Bill 453 will result in better care, better outcomes and lower mental health care costs for patients who deserve the same quality of care as those who seek care for exclusively physical treatment. The Society is pleased the Task Force is calling for an end to the barriers of mental health care coordination.

330 East Lakeside Street • PO Box 1109 • Madison, WI 53701-1109 • wisconsinmedicalsociety.org •
Phone 608.442.3800 • Toll Free 866.442.3800 • Fax 608.442.3802

The proposal specifically allows physicians and other health care providers to be able to share patient health record information related to mental health care if it is already allowed under federal regulations. Any information sharing would have to be for the purposes of patient treatment, payment, or health care operations which are defined by federal regulation.

The Society supports improving state law by removing inefficient requirements limiting physician access to certain mental health records. And while remedying these limits, Assembly Bill 453 still supports patient privacy: the bill maintains confidentiality of psychiatrists' psychotherapy notes. The bill allows physician access to items helpful to provide the best care: medication monitoring notes and clinical test results, summaries of the patient's symptoms and diagnosis, summaries of the patient's functional status and treatment plan, and summaries of the patient's progress and prognosis – disclosure of all which are currently allowed under federal HIPAA (Health Insurance Portability and Accountability Act) law. The Society believes AB 453 properly finds the balance between maintaining proper privacy law and allowing physicians to better coordinate care for those with mental health needs.

Assembly Bill 454 – Primary Care and Psychiatry Shortage Grant Program
The looming physician workforce shortage has been well-documented. Shortages are particularly acute in certain specialties. The Society believes Assembly Bill 454 is one step that can help this situation by encouraging physicians to practice primary care or psychiatric medicine in a medically underserved area of the state.

The grant funding included in the bill is divided over a three-year period among 24 physicians: $750,000 for 12 primary care physicians and $750,000 for 12 psychiatrists. Eligibility for the grant money is linked to three main criteria. First, the physician must be a graduate of a state medical school. Second, he/she must have completed a residency training program in Wisconsin and third, the physician must be willing to practice in a medically underserved area of the state for three years. The direct service grant will make for a unique combination of flexibility and accountability that can ultimately steer physicians to practice in high-demand fields in underserved parts of the state.

The Society believes this proposal is a useful tool to help further our state's efforts to recruit and retain physicians in health care shortage and underserved rural areas.

The Speaker's Task Force on Mental Health fostered an important discussion about the challenges patients face when they need mental health treatment and ways to empower heath care professionals to provide better care. The Society has a long history of advocating for increased attention to the state's mental health efforts; the Task Force's product and today's committee hearing are welcome developments toward this goal.

Thank you for this opportunity to share the Society's opinions on these issues. If you have further questions, please feel free to contact us at any time.

ASSEMBLY COMMITTEE ON HEALTH

Representative, Erik Severson, Chair

Testimony of Pete Carlson
Senior Vice President, Behavioral Health &
President, Aurora Psychiatric Hospital
Aurora Health Care

2013 Assembly Bill 453
Relating to: the uses and disclosures of protected health information
and
2013 Assembly Bill 454
Relating to: the creation of a primary care and psychiatry shortage grant program, exemption from taxation amounts received from such a grant program.

Room 412-E, State Capitol
Tuesday, October 22, 2013, 2:00 p.m.

Chairperson Severson and Members of the Assembly Health Committee,

Thank you for your commitment to improving Wisconsin's mental health delivery system. As noted during an Assembly Speaker's Taskforce on Mental Health public hearing hosted at Aurora Sinai Medical Center, behavioral health services are a key component of Aurora Health Care's integrated care delivery model. As Wisconsin's largest private behavioral health provider, any changes to the current system will disproportionately impact Aurora caregivers and patients. In 2012, Aurora Psychiatric Hospital (APH) had over 3,200 inpatient admissions, provided 80,000 professional visits (outpatient and inpatient) to nearly 15,000 residents of eastern Wisconsin.

That being said, I respectfully request your support of Assembly Bill 453 and Assembly Bill 454 that will improve coordination of care for patients with a mental health diagnosis and provide incentives for providers to work in underserved communities.

Aurora Health Care supports Assembly Bill 453, also known as the Mental Health Care Coordination bill, which allows health care providers subject to the Federal HIPAA health information privacy and security law to communicate patient mental health information with other providers, if the communication is made for treatment, payment or other health care operations purposes.

Wisconsin's current mental health records laws are outdated and serve as a barrier to patients with mental illness in getting coordinated, integrated care. This barrier does not exist for other illnesses and perpetuates the stigma of mental illness. According to a recent Johns Hopkins study, these barriers increase the likelihood that an individual with mental illness will not receive the care that they need, leading to an increased likelihood that they may need to be re-hospitalized.

-OVER-

Aurora Psychiatric Hospital®

The Mental Health Care Coordination proposal aligns Wisconsin's general health information privacy law with the federal HIPAA law. This alignment will ensure that physicians have access to important, relevant information about patients' diagnosis. As integrated delivery provider this change will better enable Aurora to provide coordinated comprehensive care to our patients.

Aurora also supports Assembly Bill 454 which creates a grant program for primary care physicians and psychiatrists, practicing in medically underserved areas, who graduated from a Wisconsin medical school, completed a residency program in Wisconsin and applied for the grant before accepting an offer of employment in Wisconsin.

Thank you again for your commitment to improving Wisconsin's behavioral health care infrastructure.

Sincerely,

Pete Carlson
Senior Vice President, Behavioral Health &
President, Aurora Psychiatric Hospital
Aurora Health Care

cc: State of Wisconsin Assembly Committee on Health Members:
Representative Erik Severson, M.D. (Chair)
Representative Joe Sanfelippo
Representative Patricia Strachota
Representative Tyler August
Representative Chris Kapenga
Representative Kevin Petersen
Representative Jim Steineke
Representative Sandy Pasch
Representative Chris Taylor
Representative Debra Kolste
Representative Daniel Riemer

TO: **Members, Assembly Committee on Health**

FROM: **Wisconsin Psychiatric Association**

DATE: **October 22, 2013**

RE: **Support for AB 454, AB 452 and AB 453**

Wisconsin faces an ever-increasing shortage of qualified physicians to provide care to our population – a problem particularly acute in the provision of mental health care. On behalf of our psychiatrist members, we wish to express our support for Assembly Bills 454, 452 and 453 that relate to Wisconsin's need to increase access to mental health care, and better utilize our existing mental healthcare resources.

AB 454 – Primary Care and Psychiatry Shortage Grant Program -- Physicians complete undergraduate degrees, medical school, 3 or more years of post-medical school clinical training, and often additional years of more specialized training. As the media regularly reports, the cost of education continues to rise and physicians routinely complete school and training owing hundreds of thousands of dollars in student loans. AB 454 is a pilot program that will provide real financial incentive for Wisconsin-trained physicians to live and work in rural and underserved areas of Wisconsin, providing necessary mental health services and treatment, and do so in a way that will encourage them to settle and practice permanently in those areas. Please support AB 454.

AB 452 – Pediatric Psychiatry Access Line – The shortage of child psychiatrists is severe in many parts of our state. Waiting lists are often very long even when emotional and behavioral challenges are acute. Primary care clinicians report growing challenges in addressing the mental health needs of their patients and their families. Estimates suggest that nearly 20% of children in U.S. suffer from some form of mental illness yet only one-fifth of these children have access to psychiatric treatment. To address this national challenge, Massachusetts, Washington State, Minnesota and a growing list of other states have instituted Pediatric Psychiatry Access Line programs to support primary care clinicians. AB 452 is modeled from those programs and will provide Wisconsin's primary care physicians and their patients access to specialized pediatric psychiatric care where none is currently available. Please support AB 452.

AB 453 – Mental Health Care Coordination – Patient medical records are legally protected documents. The Federal Health Insurance Portability and Accountability Act (HIPAA) was intended to provide a national standard for the protection of health records, but with regard to mental health records HIPAA provides one set of standards regarding permissible disclosure to other physicians and health providers, while Wisconsin law provides another, often more stringent standard. This disparity results in making the coordination of a patient's care among various caregivers more difficult.

When psychiatrists and other therapists see patients, they maintain therapeutic notes that may describe intimate details of the conversation. HIPAA (and Wisconsin if AB 453 becomes law) does not allow disclosure of intimate therapeutic notes from each patient encounter, but the information that can be shared does provide other physicians and providers sufficient information to help avoid duplicative care/treatment, to help avoid negative interactions among different treatments/medications, and to better allow for a comprehensive care plan for patients dealing with both mental and physician health issues. The results are better care, better outcomes and reduced costs. Please support AB 453.

Hospital Sisters
HEALTH SYSTEM

Testimony before Assembly Committee on Health
October 22, 2013

Members of the Assembly Committee on Health

Thank you for letting me share my thoughts with you today.

My name is Heidi Selberg. I am Vice President for Advocacy and Community Benefit with Hospital Sisters Health System Eastern Wisconsin. Hospital Sisters Health System is a 13-hospital system in Wisconsin and Illinois. In Wisconsin, we have two hospitals in Green Bay, as well as hospitals in Sheboygan, Eau Claire and Chippewa Falls. We are sponsored by a group of Franciscan Sisters who came to this country over 150 years ago. Our mission is to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry. Our hospitals in western Wisconsin are highly regarded providers of behavioral care services. Sacred Heart Hospital in Eau Claire offers inpatient and outpatient behavioral care services; St. Joseph Hospital in Chippewa Falls is home to the L.E. Philips Libertas chemical dependency treatment center.

I am writing to support the Mental Health Care Coordination bill.

Federal HIPAA privacy and security law allows health care providers to communicate treatment information about a patient with other providers that are also treating the patient. Wisconsin law also allows such communication, **unless** the communication is from a treating mental health provider. Wisconsin places numerous restrictions on communications by treating mental health providers. These restrictions in turn create a barrier to the coordination of care for such patients that does not exist for other patients.

The Mental Health Care Coordination Bill would remove barriers in Wisconsin law to the coordination of care for persons with a mental health diagnosis that do not exist for persons that do not have a mental health diagnosis and that do not exist in federal HIPAA law.

These statutory barriers have resulted in less coordinated and integrated care for this vulnerable population; higher costs to Medicaid (and other payers and hospitals as well) due to uncoordinated care; and higher costs to implement technology that allows hospitals and clinics to electronically communicate and coordinate care for all patients.

Wisconsin needs to amend its mental health law to end this disparate treatment of persons with mental health diagnoses, and remove statutory restrictions on psychiatrists and other mental health providers from coordinating a patient's care with the patient's other providers.

Hospital Sisters
HEALTH SYSTEM

A simple amendment would align a part of Wisconsin's health privacy law dealing with treatment, payment, and health care operations with the Federal HIPAA privacy law.

It is important to note that the bill is a recommendation of the Speaker's Mental Health Task Force and has bi-partisan support. We encourage passage of this bill.

Thank you for your consideration.

Heidi J. Selberg
Vice President-Advocacy & Community Benefit
Hospital Sisters Health System Eastern Wisconsin
1726 Shawano Avenue
Green Bay, WI 54303
(920) 884-5806
heidi.selberg@hshs.org